2015 - 10 - 19 - 0M - 00028481

FE6AN023

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 OCT 12 JAM 8: 51

			Office	Use Only
NAME OF COMMITTEE (in full	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
F.Ci.e. n.dis	19 F. Bijg, Jahr	n Smith		
111111			<u> </u>	
	18, 9, 80x	28, 13, 2, 2, , ,		1
ADDRESS (number and street)				
Check if differe			 	
than previously reported. (ACC		49111111	J ITM 13.7	2,2,8-
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲				
C 0 0 5 6	5507 3.18	S THIS NEW	AMENDED	STATE ▼ DISTRICT
	F	REPORT L (N) OR	L (A)	I'M OIS
4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the:				
(a) Quarterly Repo	rts:	Primary (12P)	General (12G)	Runoff (12R)
April 15 Qu	arterly Report (Q1)	_		Tranon (1211)
July 15 Qu	arterly Report (Q2)	Convention (12C)	Special (12S)	•
		M " M / D "	D / Y Y Y Y Y	in the
October 15	Quarterly Report (Q3)	lection on		State of
January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the:				
		General (30G)	Runoff (30R)	Special (30S)
Termination	Report (TER)		_	
i i i i i i i i i i i i i i i i i i i	· · · · · · · · · · · · · · · · · · ·	lection on		in the State of
	·			
5. Covering Period 07'13'25'S through 09'30'25'S				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer John Smith				
Signature of Treasurer Date Date				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.				
Office				
Use Only				EC FORM 3 Revised 02/2003)